

# COMMITMENT



Texas Department of Health  
Breast and Cervical Cancer Control Program

April 2000

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## The Challenge of Developing Resources

**D**eveloping resources for diagnostic referrals is a challenge for most Breast and Cervical Cancer Control Program (BCCCP) providers. Nancy Offill, R.N., is the case manager for Region 8. Her role as a regional case manager is to assist BCCCP providers in securing referral sources.

"Names of physicians are recommended to me by BCCCP providers throughout the region," Nancy explained.

"I first speak with the office manager and explain the purpose of the visit. During a personal visit I provide the physician with an overview of the program, explanation of the grant and an opportunity for the physician to ask questions about the program and their participation," Nancy said.

After the introduction, appreciation is expressed for the opportunity to meet with the doctor and explain the program. The physician is informed that they have been

recommended by other health care professionals as an 'excellent physician with a compassionate spirit and dedication to the community.' Nancy explains to the doctor that BCCCP would appreciate having the opportunity to work with the doctor as a referral source for the program.

It is vitally important to prepare for the visit. A packet of information that the doctor can keep to review

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## Clarification of Pap Test Results

**W**hen reporting Pap test results on the Breast and Cervical Cancer Control Program (BCCCP) screening form or D-19, it is important to clarify the results before reporting them as "other." Too often, BCCCP receives forms with non-Bethesda results being reported in the "other"

category, and some of these responses are not related to cervical pathology.

The "other" category appears to be used by some providers as a catch-all category when the Pap report does not clearly state the final diagnosis or there is some question that the Pap specimen was adequate. Some commonly used responses include: atypical, chronic cervicitis, atrophy, squamous metaplasia, VAIN, VIN, no ecc, and Trichomonas. Most of these responses are not appropriate for the "other" category but should be placed in another Bethesda category (after checking with the practitioner that collected

the specimen). Program staff will return data forms to the provider that list non-data related responses such as: no show, abnormal not done, unsatisfactory or benign.

It is important to clarify Pap results so that BCCCP can continue to have quality data and make valid comparisons, not only between BCCCP clinics, but also with other states. If you are unsure about which category a Pap test result belongs, consult with the practitioner that obtained the specimen, or the laboratory may need to be called to clarify the results. If the Pap report

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## BCCCP Briefs

### Congratulations

**Margaret Méndez** was recently appointed Bureau Chief for the Bureau of Women's Health at the Texas Department of Health. Margaret had served as Program Director for the Breast and Cervical Cancer Control Program since December, 1991.

**Stephen Wright** was recently appointed Director of Communications for Texas Department of Health. Steve had served as the Public Information Coordinator for the Program since January, 1992.

**Andrea Littlefield** was recently promoted to Public Information Coordinator for the BCCCP. Andrea has served as the Information Specialist for the Program since July, 1997.

### ☎ Who to Call & How to Reach Us...

#### General Information/Administration:

Robert Reeves      Shannon Burke  
Lisa Bishop      Christina Rogers  
Cathy Cox      Shana Quintanilla

#### Professional Education, Clinical Services, Case Management:

Karen Knox      Karen McAnarney  
Claudia Himes

#### Public Information and Outreach:

Andrea Littlefield

#### Data Collection and Maintenance:

Vincent Crawley      Codie Prinz  
Wanda Gibson      Steve Johnson  
June Browning      Constance Holloway

#### Data Collection Forms

Wanda Gibson

#### Cancer Epidemiology/Demographics:

Vacant

#### Billing:

Kathy Kokel      Shannon Burke  
Codie Prinz

Texas Department of Health  
Breast & Cervical Cancer Control Program  
1100 West 49th Street, G407  
Austin, TX 78756-3199  
(512) 458-7644  
(800) 452-1955  
(512) 458-7650 FAX  
email: margaret.mendez (or other staff first name, period and last name)@tdh.state.tx.us

#### Website Address

<http://www.tdh.state.tx.us/bcccp/>

#### Local Changes

Please write or call Lisa Bishop, Administrative Technician, at (800) 452-1955 with **ANY** changes in local telephone numbers, personnel or service delivery sites. *Thank you.*

## Survey on Mammography Rescreening

One important goal of the Breast and Cervical Cancer Control Program (BCCCP), is to promote rescreening. Rescreening ensures that the benefits of early detection and treatment are available to all women. Preliminary program data indicate that rescreening rates among women who receive an initial mammogram through BCCCP may be lower than among the general population. However, because most state programs are unable to track women who lose eligibility for the program, rescreening rates estimated from program data may substantially underestimate true rescreening rates. Therefore, the Centers for Disease Control and Prevention (CDC) is conducting the Survey on Mammography Rescreening (SMR) to:

✓ Estimate the rates of mammography rescreening among women who receive mammograms through the BCCCP, and

✓ Identify demographic, psychosocial, programmatic, and medical history risk factors that promote or discourage timely rescreening.

Four states are participating in the study — Maryland, New York, Ohio, and Texas. In each state, a total of 500 women with a *normal* or *benign* index mammogram and 125

women with a *probably benign* index mammogram will be interviewed by telephone. The index mammogram is defined as the first program-funded mammogram that a woman received in 1997, completed while the woman was 50-69 years of age.

Interviews are being conducted at least 30 months after the index mammogram so as not to influence a woman's rescreening behavior. Interviews are being conducted in English and Spanish. A translation service is being used to interview women who speak languages other than English or Spanish.

Copies of mammography reports for examinations reported during the interview are also being collected. The reports are used to document mammography dates and results. Screening literature indicates that many older women do not recall the exact dates of their mammograms. A \$25 incentive is being paid to all women who complete the interview, even those who refuse permission to release copies of their mammogram reports.

Battelle's Centers for Public Health Research and Evaluation is the data coordinating center for the SMR. Battelle is a not-for-profit contract research firm. Data collection for the project began in

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### Mission

The mission of the Texas Breast and Cervical Cancer Control Program is to reduce the impact of breast and cervical cancer in Texas by promoting access to quality information, screening, diagnosis and treatment in Texas communities.

### Goal

The goal of the Texas Breast and Cervical Cancer Control Program is to reduce premature mortality from breast cancer and cervical cancer in Texas.

## Ask the Expert

*Don't forget, you can submit your own questions on any subject related to the program such as nursing, case management, billing, data or outreach. Send questions to Andrea Littlefield, Public Information Coordinator, 1100 West 49th Street, Austin, TX 78756-3199.*



In the monthly packet which providers receive from the state office, we receive data form error corrections and pending lists (for follow-up and staging). How often should these corrections be returned to the state office?



All corrections sent to providers should be returned to the state office within 30 days as stated on the cover memo. To ensure that providers are in compliance with Standard VIII of the Breast and Cervical Cancer Control Program (BCCCP) Manual of Operations, these errors should receive immediate attention. If you have any questions regarding a data form that is returned, please call the appropriate team member for assistance. Team members are available to provide support to BCCCP providers on a daily basis.

## Pap Test Results

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does not specifically state the diagnosis in the Bethesda System, then providers should call the lab to clarify the results. Reporting Pap test results in the Bethesda System is a requirement for reimbursement of services through BCCCP.

See the chart below for accepted "other" responses.

Help us keep clean, reportable data. If you have additional questions regarding the reporting of Pap test results category, contact Karen McAnarney, R.N., Nurse Consultant, at (800) 452-1955.

### Responses In the "Other" Category

- ✓ **AGUS** (atypical glandular cells of undetermined significance)
- ✓ **cervical adenocarcinoma**
- ✓ **glassy cell carcinoma**
- ✓ **any other cervical neoplasm** (this does not include vaginal or uterine findings)
- ✓ **polyp** (cervical)\*
- ✓ **lesion** (cervical)\*
- ✓ **abnormal, NOS** (not otherwise specified)

\* Note: There will be times that in the presence of a polyp or lesion, providers would still report a Pap test result, if indicated.

## Booklet Available

**T**he *Atlas of Cancer Mortality in the United States, 1950 - 94*, is now available.

The Atlas shows the geographic patterns of death rates for more than 40 cancers in over 3,000 counties across the US. The 254 color-coded maps will help you:

- ✓ pinpoint geographic areas where high or low cancer death rates occur
- ✓ discover important clues for further study into the causes and control of cancer
- ✓ compare cancer mortality over several decades

You can view the Atlas online at <http://www.nci.nih.gov/atlas>. To order the book by telephone, contact the Cancer Information Services at (800) 422-6237.

## Survey on Mammography Rescreening

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July, 1999. The 30-month follow-up period ended for 1,265 women January 4, 2000. A total of 760 women have consented to participate in the SMR and 653 of these have been interviewed. Only 42 women refused to participate.

Batelle would like to thank the Texas BCCCP providers for their cooperation in making this important study a success. Because of the help BCCCP has given Batelle, the participation rate in Texas is excellent, especially among Hispanic women.

## Developing Resources

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later should contain a brief description of the grant, financial eligibility criteria, authorized procedures, and reimbursement rates.

"At this point, I will discuss each section of the packet with an emphasis on the authorized procedures and the reimbursement rates," Nancy said.

At the conclusion of the visit, appreciation is again expressed for the time, and also related to the physician is the fact that one third of Texas residents are uninsured. Without compassionate physicians, most women would be unable to access care, especially in the rural areas of the region where there are no public hospitals.

"I explain to the doctor that all the physicians we have contacted so far have been extremely receptive to the program and have agreed to work with us," Nancy explained.

"We feel very fortunate and grateful for this, however the patients in the region are the true beneficiaries of their generosity as well as their expertise."

For more information about the regional case management project, contact Karen Knox, Case Management Director, at (800) 452-1955. For more information about the project in Region 8, contact Nancy Offill, R.N., BCCCP Region 8 Case Manager, at (210) 924-9031.

### Texas BCCCP\*

#### Women Served:

119,987

#### Breast Screenings:

154,061

#### Cervical Screenings:

112,472

#### Breast Cancers:

807

#### Cervical Carcinoma in situ:

1,648

#### Invasive Cervical Cancer:

58

#### Rescreening

36%

#### Women 50 - 64

87%

\*As of March 3, 2000

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## Commitment

### A monthly bulletin

Send news/information to:

**Texas Department of Health**

**Breast & Cervical Cancer Control Program**

**1100 West 49th Street**

**Austin, TX 78756-3199**

Telephone: (800) 452-1955

Fax: (512) 458-7650

Email: [andrea.littlefield@tdh.state.tx.us](mailto:andrea.littlefield@tdh.state.tx.us)

## Important Dates

### April

**April - Cancer Control Month**

**April 11 - 12 Case Management**

**Training - Austin**

**April 15 - NOEP Training, Wichita Falls**

**April 17 - 23 - National Minority**

**Cancer Awareness Week**

**April 19 - Continuation Applications**

**Due to State Office**

**April 21 - San Jacinto Day**

**Skeleton Crew at State Office**

**April 27 - 28 - Alzheimer's Conference**

**- Austin, Call (512) 458-7534**

**April 29 - May 2 - National Breast**

**Cancer Coalition Fund Advocacy**

**Training Conference, Washington,**

**D.C., Call (877) 628-3444**

### May

**May - National Melanoma/Skin Cancer Detection and Prevention Month and National Osteoporosis Prevention Month**

**May 22 - 23 - Texas BCCCP State**

**Conference - Austin, Call (800) 452-1955**

**May 29 - Memorial Day**

**State Office Closed**

### June

**June 1 - Contract Award Notices to Providers for FY 2001**

**June 3 - Osteoporosis Conference -**

**Houston, Call (512) 458-7534**

**June 19 - Emancipation Day**

**Skeleton Crew at State Office**